## Apply in three easy steps.

## **APPLICATION FORM** Questions? Call 1-800-227-5255.



**HOW TO FILL OUT THE APPLICATION FORM** 

Fill in the information below for EACH person. Enclose \$10 per person and mail check or money order along with this enrollment form to:

**Rx Washington** PO Box 5577 Plymouth, MI 48170

STEP 1: FILL IN YOUR INFORMATION	(ALL INFORMATION IS REQUIRED)	
First Name	M.I. Last Name	M F
Address (Street Number / Street Name /	Apartment Number)	
City		State Zip Code
Telephone	Date of Birth (MMDDYYYY)	
SECOND APPLICANT		
First Name	M.I. Last Name	M F
Address (Street Number / Street Name	Apartment Number)	
City		State Zip Code
Telephone	Date of Birth (MMDDYYYY)	
THIRD APPLICANT		
First Name	M.I. Last Name	M F
Address (Street Number / Street Name	Apartment Number)	
City		State Zip Code
Telephone	Date of Birth (MMDDYYYY)	

## **STEP 2: CALCULATE ENROLLMENT FEE**

One applicant \$10 To enroll more individuals, simply provide all the above **Two Applicants** \$20 information on a separate piece **Three Applicants** \$30 of paper and enclose \$10 for each additional person not listed

above.

## **STEP 3: MAIL ENROLLMENT FORM AND PAYMENT**

Make check or money order payable to Rx WASHINGTON. **Rx Washington** PO Box 5577 Plymouth, MI 48170